



The Lincoln National Life Insurance Company  
P.O. Box 21008  
Greensboro, NC 27420-1008

December 14, 2016

Wilmington Trust Na  
Suite 390 Mc:125  
300 Park Street  
Birmingham, MI 48009

Issuing Company: The Lincoln National  
Life Insurance Company  
Policy: JJ7043080  
Insured: Joan M Pennington

Dear Policyowner:

We cannot honor any policy transaction requests at this time on this policy. Our records show the policy is owned by, and/or associated with, the Gristmill Trust. Lincoln Financial Group ("Lincoln") received a Restraining Notice from the law firm Loeb & Loeb. An attorney representing Loeb & Loeb has stated to Lincoln that the Restraining Notice applies to all Gristmill policies.

Attached is a copy of the Notice we received. The court has recently ordered that the Restraining Notice shall remain in effect. Lincoln is not a party to the case. We are, however, obligated to abide by the restraining notice. So we cannot proceed with any policy transactions until the restraining notice is lifted.

We are certain policyowners can get more detail from Loeb & Loeb on the matter. Contact information is on the attachment. Mr. Jon Hollis is one of the current attorneys working on the matter with Loeb & Loeb. Please contact them directly for any release information.

We are committed to providing you with quality customer service. If you have any questions or comments, please contact Customer Service at 800-487-1485 between the hours of 8:00 a.m. and 6:00 p.m. Eastern Time, Monday through Friday, or contact your financial representative.

Sincerely,

Fred H Shiflett III  
Customer Solutions  
Life and Customer Solutions

CC:

Financial Representative : Robert Pacini CLU  
3355 W Alabama St 230  
Houston, TX 77098

*Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. [www.LincolnFinancial.com](http://www.LincolnFinancial.com)  
The Lincoln National Life Insurance Company is domiciled in Fort Wayne, IN.*



The Lincoln National Life Insurance Company  
P.O. Box 21008  
Greensboro, NC 27420-1008

Policy: JJ7043080

Issuing Company: The Lincoln National Life Insurance  
Company

Insured: Joan M Pennington

To access your information, visit [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

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The Lincoln National Life Insurance Company is domiciled in Fort Wayne, IN.*

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

-----X  
UNIVERSITAS EDUCATION, LLC,

Judgment Creditor, :

-against- : Case Nos. 11-1590-LTS and  
11-8726-LTS

NOVA GROUP, INC., as trustee, sponsor and  
fiduciary of THE CHARTER OAK TRUST :  
WELFARE BENEFIT PLAN, :

**RESTRAINING NOTICE**

Judgment Debtor.  
-----X

To:

Lincoln Financial Group and Lincoln National Life Insurance Company  
100 Madison Street, Suite 1860  
Syracuse, NY 13202

**WHEREAS**, in an action in the United States District Court for the Southern District of New York (Swain, J.), a judgment was entered on August 12, 2014 in favor of Universitas Education, LLC (copy of amended August 15 judgment attached hereto), against the following Judgment Debtors, in the following amounts:

- Daniel E. Carpenter – \$30,600,000.00
- Grist Mill Capital, LLC – \$30,600,000.00
- Grist Mill Holdings, LLC – \$21,000,000.00
- Carpenter Financial Group – \$11,140,000.00
- Avon Capital, LLC – \$6,710,065.92
- Phoenix Capital Management, LLC – \$5,000,000.00
- Grist Mill Trust Welfare Benefit Plan, and any trustees and plan sponsors thereto insofar as they hold Grist Mill Trust assets – \$4,487,007.81
- Hanover Trust Company – \$1,200,000.00

**WHEREAS**, these judgment amounts which, along with post-judgment interest that has accrued thereon since August 12, 2014, remain due and unpaid;

**WHEREAS**, it appears that you owe a debt to one or more of the Judgment Debtors, or are in possession of property in which one or more of the Judgment Debtors has an interest;

**PLEASE TAKE NOTICE** that pursuant to Federal Rule of Civil Procedure 69 and subdivision (b) of Section 5222 of the New York Civil Practice Law and Rules (which is set forth in full herein), you are hereby forbidden to make, permit or suffer any sale, assignment or transfer of, or any interference with, any such property or pay over or otherwise dispose of any such debt except as provided in Section 5222.

**TAKE FURTHER NOTICE** that this notice also covers all property in which one or more of the Judgment Debtors has an interest hereafter coming into your possession or custody, and all debts hereafter coming due from you to one or more of the Judgment Debtors.

#### **CIVIL PRACTICE LAW AND RULES**

Section 5222(b) Effect of restraint; prohibition of transfer; duration. A judgment debtor or obligor served with a restraining notice is forbidden to make or suffer any sale, assignment, transfer or interference with any property in which he or she has an interest, except as set forth in subdivisions (h) and (i) of this section, and except upon direction of the sheriff or pursuant to an order of the court, until the judgment or order is satisfied or vacated. A restraining notice served upon a person other than the judgment debtor or obligor is effective only if, at the time of service, he or she owes a debt to the judgment debtor or obligor or he or she is in the possession or custody of property in which he or she knows or has reason to believe the judgment debtor or obligor has an interest, or if the judgment creditor or support collection unit has stated in the notice that a specified debt is owed by the person served to the judgment debtor or obligor or that the judgment debtor or obligor has an interest in specified property in the possession or custody of the person served. All property in which the judgment debtor or obligor is known or believed to have an interest then in and thereafter coming into possession or custody of such a person, including any specified in the notice, and all debts of such a person, including any specified in the notice, then due and thereafter coming due to the judgment debtor or obligor, shall be subject to the notice except as set forth in subdivisions (h) and (i) of this section. Such a person is forbidden to make or suffer any sale, assignment or transfer of, or any interference with, any such property, or pay over or otherwise dispose of any such debt, to any person other than the sheriff or the support collection unit, except as set forth in subdivisions (h) and (i) of this section, and except upon direction of the sheriff or pursuant to an order of the court, until the expiration of one year after the notice is served upon him or her, or until the judgment or order is satisfied or vacated, whichever event first occurs. A judgment creditor or support collection unit which has specified personal property or debt in a restraining notice shall be liable to the owner of the property or the person to whom the debt is owed, if other than the judgment debtor or obligor, for any damages sustained by reason of the restraint. If a garnishee served with a restraining notice withholds the payment of money belonging or owed to the judgment debtor or obligor in an amount equal to twice the amount due on the judgment or order, the restraining notice is not effective as to other property or money.

**TAKE FURTHER NOTICE** that disobedience of this Restraining Notice is punishable as contempt of court.

New York, NY

Dated: August 27, 2014

LOEB & LOEB LLP

By: /s/ Michael Barnett  
Paula K. Colbath (PC-9895)  
Michael Barnett (MB-7686)  
345 Park Avenue  
New York, New York 10154-1895  
(212) 407-4000

*Attorneys for Petitioner/Judgment Creditor  
Universitas Education, LLC*

NY1291996.1

**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK**

-----X  
UNIVERSITAS EDUCATION, LLC,  
Petitioner,

-against-

NOVA GROUP, INC.,  
Respondent.  
-----X

USDCSDNY

DOCUMENT

ELECTRONICALLY FILED 08/15/2014

11 CIVIL 1590 (LTS) (HBP)

11 CIVIL 8726 (LTS) (HBP)

**JUDGMENT**

Whereas following entry of judgment in its favor in the above captioned-actions, Universitas Education, LLC ("Petitioner") having moved seeking, pursuant to New York Civil Practice Law and Rules ("C.P.L.R.") section 5225(b) and Federal Rules of Civil Procedure 69, the turnover of assets by respondent Daniel E. Carpenter and his affiliated entities Grist Mill Capital, LLC, Grist Mill Holdings, LLC, the Grist Mill Trust Welfare Benefit Plan, Avon Capital, LLC, Hanover Trust Company, Carpenter Financial Group and Phoenix Capital Management, LLC (with Carpenter, the "Turnover Respondents"), as well as permanent injunctive relief barring the transfer by the Turnover Respondents of money and assets, including certain specified insurance policies, until Petitioner's judgment against Nova Group, Inc., has been satisfied (Docket entry no. 308 in case number 11 Civ. 1590); Mr. Carpenter and certain third parties having moved to modify the temporary injunction to allow transactions between themselves and certain of the Turnover Respondents (See docket entry nos. 409, 412, and 448 in 11 Civ. 1590), and the matter having come before the Honorable Laura Taylor Swain, United States District Judge, and the Court, on August 7, 2014, having rendered its Memorandum Opinion and Order granting Petitioner's turnover motion, granting Petitioner money judgments as follows: against Daniel E. Carpenter in the amount of \$30,600,000.00; against Grist Mill Capital, LLC, in the amount of \$30,600,000.00; against Grist Mill Holdings, LLC, in the amount of \$21,000,000.00; against Carpenter Financial Group, in the amount of \$ 11,140,000.00;

against Avon Capital, LLC, in the amount of \$6,710,065.92; against Phoenix Capital Management, LLC, in the amount of \$5,000,000.00; against Grist Mill Trust Welfare Benefit Plan, and any trustees and plan sponsors thereto insofar as they hold Grist Mill Trust assets, in the amount of \$4,487,007.81; and against Hanover Trust Company, in the amount of \$1,200,000.00; directing the Clerk of the Court to enter judgment against the Turnover Respondents accordingly; Liability under the judgment is joint and severally; denying as moot Petitioner's request for permanent injunctive relief; denying each of the third-party motions to modify the preliminary injunction, docket entry numbers 409, 412, and 448 in 11 Civ. 1590, as the primary injunction is hereby terminated pursuant to the provisions of the January Order, because Petitioner's motion for turnover has been resolved, it is,

**ORDERED, ADJUDGED AND DECREED:** That for the reasons stated in the Court's Memorandum Opinion and Order dated August 7, 2014, Petitioner's turnover motion is granted; Petitioner is hereby granted money judgments against the Turnover Respondents as follows: against Daniel E. Carpenter in the amount of \$30,600,000.00; against Grist Mill Capital, LLC, in the amount of \$30,600,000.00; against Grist Mill Holdings, LLC, in the amount of \$21,000,000.00; against Carpenter Financial Group, in the amount of \$11,140,000.00; against Avon Capital, LLC, in the amount of \$6,710,065.92; against Phoenix Capital Management, LLC, in the amount of \$5,000,000.00; against Grist Mill Trust Welfare Benefit Plan, and any trustees and plan sponsors thereto insofar as they hold Grist Mill Trust assets, in the amount of \$4,487,007.81; and against Hanover Trust Company, in the amount of \$1,200,000.00; liability under the judgments is jointly and severally; Petitioner's request for permanent injunctive and other equitable relief are denied; each of the third-party motions to modify the preliminary injunction, docket numbers 409, 412, and 448 in 11 Civ. 1590 are denied as moot, as the preliminary injunction is hereby terminated pursuant

to the provisions of the January Order, because Petitioner's motion for turnover has been resolved.

**Dated:** New York, New York  
August 15, 2014

**RUBY J. KRAJICK**

**Clerk of Court**

**BY:**

*K. Mango*

**Deputy Clerk**



From: Ezra Roth

Fax: (516) 654-6163

To: +18008191987

Fax: +18008191987

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## Change of Beneficiary

The Lincoln National Life Insurance Company  
 Lincoln Life & Annuity Company of New York  
 Servicing Office - PO Box 2348, Fort Wayne IN 46801-2348  
 Fax Number 260-455-6310  
 www.LincolnFinancial.com  
 Overnight Address: Lincoln Financial Group, Policy Change - IA  
 1300 S Clinton St., Fort Wayne IN 46802-3506

For purposes of Joint Owners, Living Benefit Riders and beneficiaries the term "Spouse" means a spouse as defined under Federal law. The term "spouse" does not include a domestic partner, civil union partner, or other status that is not recognized as a spouse under Federal law. Lincoln will treat couples claiming any other status not recognized as a marriage under Federal law as unmarried individuals for Federal income tax purposes.

**Contract Information**Contract Number: JJ7043080

Issued by The Lincoln National Life Insurance Company or Lincoln Life &amp; Annuity Company of New York (as set forth in your contract)

Contract Owner's Name: Wilmington Trust, NASocial Security Number (Last four digits): XXX-XX- 6454Date of Birth: BusinessTelephone Number Daytime: 248-723-5423Evening: N/A**Beneficiary Designation**

In accordance with the provisions of the contract, I/we revoke all former beneficiary designations and elect to change the beneficiary as indicated below. Additional beneficiaries may be designated on a separate sheet and must include a signature on each page. For a trust as beneficiary skip to page 2 and complete the trust section.

Primary (you must have at least one primary beneficiary)

Name: HUG Funding LLCRelationship: BusinessPercentage: 100Social Security/ Tax ID Number: 45-0516899

Date of Birth: \_\_\_\_\_

☐ Male ☐ FemaleAddress: 61 Paine AvenueCity: New RochelleState: NYZip Code: 10804

Email Address: \_\_\_\_\_

Telephone Number: (212) 798-1361☐ Primary ☐ Contingent

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percentage: \_\_\_\_\_

Social Security/ Tax ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

☐ Primary ☐ Contingent

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Percentage: \_\_\_\_\_

Social Security/ Tax ID Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\*\*Contract\*\* may be referred to as "policy" or "certificate."

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.  
 28493

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From: Ezra Roth

Fax: (516) 854-6163

To: +18008191987

Fax: +18008191987

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☐ Primary ☐ Contingent

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_

Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

☐ Primary ☐ Contingent

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_

Social Security/ Tax ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ ☐ Male ☐ Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**If designating a trust as beneficiary, complete the following:**☐ Primary ☐ Contingent

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Percentage: \_\_\_\_\_

Trustee's Name: \_\_\_\_\_ Date of Trust: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Signatures**  
Contract Owner/Trustee's SignatureMelissa A. Marion  
Assistant Vice President

11-30-16

Date

Joint Owner's Signature (if applicable)

Date

From: Ezra Roth

Fax: (518) 664-6163

To: +18008191987

Fax: +18008191987

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The Lincoln National Life Insurance Company  
 Lincoln Life & Annuity Company of New York  
 First Penn-Pacific Life Insurance Company  
 (as in your contract and herein "the Company")

**Life Client Solutions Contact Information**

Mail: PO Box 21008, Greensboro, NC 27420-1008

Phone: 800-487-1485 Fax: 800-819-1987

Email: [CustServSupportTeam@LFG.com](mailto:CustServSupportTeam@LFG.com)[www.LincolnFinancial.com](http://www.LincolnFinancial.com)**Ownership Change – Life Insurance Policies****General Information** (Please type or print clearly.)

This section is to be completed with current owner(s) information; For deceased owner(s) and general instructions see page 6.  
 See page 4 and 5 for required signature(s) and paperwork.

Policy/Certificate No.: JJ7043080Issued by (the Company): Lincoln National Life Ins Co**Insured Information**Full Legal Name (First, Middle, Last): Joan Pennington

Insured's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: 457-46-4463Date of Birth: 12/24/1929

Daytime Telephone Number: \_\_\_\_\_

☐ Check here if new address

Email Address: \_\_\_\_\_

**Current Owner Information** (If different from Insured ; If Business Entity or Trust, list full legal name)Full Legal Name (First, Middle, Last): Wilmington Trust, NAOwner's Mailing Address: 300 Park Street , Suite 390City: BirminghamState: MNZip: 48009Social Security Number / EIN\*: 161486454

Date of Birth / Trust\*\*: \_\_\_\_\_

Daytime Telephone Number: 248-723-5423☐ Check here if new address

Email Address: \_\_\_\_\_

**Current Joint Owner Information** (If different from Insured; If Business Entity or Trust, list full legal name)

Submit more pages as necessary.

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number / EIN\*: \_\_\_\_\_

Date of Birth / Trust\*\*: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

☐ Check here if new address

Email Address: \_\_\_\_\_

\*The submission of a completed IRS Form W-9 may be required. Employer Identification Number for Trusts or Entities.

\*\*The date the trust was established.

From: Ezra Roth

Fax: (516) 654-6163

To: +18008191987

Fax: +18008191987

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**New Owner Designation**

The Signature of all owners will be required to exercise any contractual right under policy/certificate.

Please change the Owner of the policy/certificate listed above to (Select from options A, B, C or D):

Please print. (See page 3 for designating a contingent owner.)

**All fields required for each new owner designation.**

A. ☐ To one person during his or her lifetime.

Full Legal Name (*First, Middle, Last*): \_\_\_\_\_

☐ Male ☐ Female

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

B. ☐ To multiple owners, individuals only.

If naming more than two owners, include a separate page with additional owner information.

1. Full Legal Name (*First, Middle, Last*): \_\_\_\_\_

☐ Male ☐ Female

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

2. Full Legal Name (*First, Middle, Last*): \_\_\_\_\_

☐ Male ☐ Female

Owner's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security Number\*: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

C. To a (check one) **See page 5 for required signature(s) and paperwork.**

☐ Corporation ☒ Partnership ☒ LLC ☐ Life Settlement Company ☐ Other (specify): \_\_\_\_\_

Full Legal Name: HUG Funding LLC

Mailing Address: 61 Paine Avenue

City: New Rochelle

State: NY

Zip: 10804

EIN\*: 45-0516899

Daytime Telephone Number: (212) 798-1361

\*The submission of a completed IRS Form W-9 may be required. Employer Identification Number for Trusts or Entities.

CS06891

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From: Ezra Roth

Fax: (516) 654-8163

To: +18008191987

Fax: +18008191987

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D. ☐ To the formal trust agreement named below. **See page 5 for required signature(s) and paperwork.**

Full Legal Name: \_\_\_\_\_

Name of Trustee: \_\_\_\_\_

Trust Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number / EIN\*: \_\_\_\_\_ Date of Trust\*\*: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

The potential for adverse tax consequences may exist when the insured, the beneficiary and the owner are all different. You may wish to consult with your tax advisor, attorney or a representative of the Internal Revenue Service for specific information.

If there is more than one owner, ownership shall be shared jointly, unless specifically stated otherwise, and the consent of all joint owners will be necessary to exercise any right. Upon the death of a joint owner, the remaining owner or joint owners shall succeed to the rights and privileges of the deceased joint owner. Upon the death of the owner or all joint owners, any contingent owner or owners designated shall become the owner or owners. If no contingent owner is designated, the estate of the owner or the estate of the last joint owner to die will succeed to all the rights and privileges of ownership.

### Contingent Owner Designation (Optional)

Please designate the party listed as the Contingent Owner.

Full Legal Name: \_\_\_\_\_

Name of Trustee, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number / EIN\*: \_\_\_\_\_ Date of Birth / Trust\*\*: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Unless otherwise specified, this designation shall take effect upon the death of all primary owners provided the designated contingent owner is then living and this designation has not been revoked.

### Payor Information

Premiums under this policy are to be paid by and premium notices, if any, will be sent to the new owner or first owner listed unless otherwise specified below.

Full Legal Name: \_\_\_\_\_

Name of Trustee, if applicable: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number / EIN\*: \_\_\_\_\_ Date of Birth / Trust\*\*: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\* The submission of a completed IRS Form W-9 may be required. Employer Identification Number for Trusts or Entities.

\*\* Employer Identification Number for Trusts or Entities.

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From: Ezra Roth

Fax: (516) 654-6163

To: +18008191987

Fax: +18008191987

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**Important Information about New Customer Identification Procedures**

The USA PATRIOT Act requires financial institutions to obtain, verify, and maintain information that identifies each person who opens a new account or is added to an existing account with the Company. To meet this Federal obligation the Company will ask individuals for their name, address, date of birth, including a driver's license or other government issued identification that will allow us to verify their identity. For certain entities, such as trusts, estates, corporations, partnerships, or other organizations, identifying documentation is also required. For both individuals and legal entities, the Company may include the use of third party sources to verify the information provided.

**To be completed by Current Owner**

By signing below, you, the policy/certificate owner, certify that you have read this form and understand that it is subject to the provisions and conditions of the policies/certificates listed. You also certify that the policies/certificates are not assigned to any other person or corporation, except where otherwise noted on this request, and that no proceedings of bankruptcy or insolvency have been filed or are currently pending against you. We reserve the right to require additional information as needed.

*Melissa A. Marion*  
 Owner's/Trustee's /Officer's Signature

Name (print or type)

Melissa A. Marion  
 Assistant Vice President

Title\*

Date\*

11-30-16

Owner's/Trustee's /Officer's Signature\*\*

Name (print or type)

Title\*

Date\*

Assignee/Irrevocable Beneficiary Signature (if applicable)

Name (print or type)

Title\*

Date\*

Assignee/Irrevocable Beneficiary Signature (if applicable)

Name (print or type)

Title\*

Date\*

**To be completed by New Owner**

By signing on the following page, you certify that the information provided is complete and accurate as shown. You also certify that you have read, understand and agree to the information provided.

I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me).
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
- I am a U.S. citizen or other U.S. person (US resident alien).

\* Record the "Date" for all signatures. Include the "Title" for corporations, partnerships, or trusts.

\*\* For multiple owner policies, provide additional signatures on a separate page.

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**New Owner Signature(s)**

If you are adding an Owner, please have the current Owner sign as well under the New Owner section.

**Owner's/Trustee's/Officer's Signature**JAMES NAATMAN FOR HUG FUNDING LLC  
Name (print or type)MANAGING MEMBER  
Title\*11/30/16  
Date\***Owner's/Trustee's/Officer's Signature\*\***

Name (print or type)

Title\*

Date\*

**Assignee/Irrevocable Beneficiary Signature (if applicable)**

Name (print or type)

Title\*

Date\*

**Assignee/Irrevocable Beneficiary Signature (if applicable)**

Name (print or type)

Title\*

Date\*

\* Record the "Date" for all signatures. Include the "Title" for corporations, partnerships, or trusts.

\*\* For multiple owner policies, provide additional signatures on a separate page.

**Signature Requirements**

Owner	Signature(s) Required – Digital/Electronic signatures will not be accepted
Individual(s)	Signature of the Policyowner(s)
Power of Attorney (POA)	Signature of POA with title. We require a copy of the POA document to be on file with Lincoln. If the POA is more than 3 years old, we require an affidavit to accompany the request. Signature Example: John Doe, Attorney-in-Fact for Jane Doe.
Conservator or Guardian	Signature of Conservator or Guardian with title. We require Letter(s) of Conservatorship or Letters of Guardianship of the Estate to be on file with Lincoln.
Custodian/Minor	Signature of Custodian or Guardian with title. We require the court order, Letter of Guardianship or UGMA/UTMA paperwork to be on file with Lincoln.
Corporation, Bank or Financial Institution	Signature of one officer with title, and a corporate resolution which names all officers authorized to sign on behalf of the corporation; or two officer's signatures, with title, without corporate resolution.
Trust	Signature of all trustee(s) with title along with the completed Certification of Trustee Powers form AN07086.
Partnership or LLC	Signature of one general/managing partner with title and a copy of the Partnership agreement for Partnerships OR one managing member's signature with title and a copy of the operating agreement for LLCs.
Signed by an "X"	Signature notarized, if the signor is unable to sign and must sign with an "X".
Stamped signatures	We will not knowingly accept a stamped signature.
All other interested parties	Contact customer service to verify signature(s) needed.
Titles	If you are signing the form in any capacity other than as an individual an appropriate title is required.

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